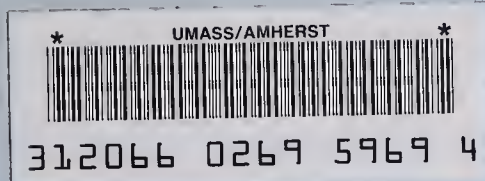


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The State of Massachusetts Children and Youth

**Prepared by The
Massachusetts Legislative
Children's Caucus**

May 1994

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State House, Room 527A, Boston, MA 02133
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One Day In The Lives of Massachusetts Children and Youth

Everyday in Massachusetts.....

- 239 Babies are born.
- 18 Teenagers give birth.
- 62 Babies are born to unmarried women.
- 41 Babies are born to women who do not receive adequate prenatal care.
- 7 Teenagers do not receive adequate prenatal care.
- 14 Babies are born at a low birth weight (less than 5lbs., 8oz.).
- 2 Babies are born at a very low birth weight (less than 3lbs., 5 oz.).
- 1 Baby dies before one month of life.
- 2 Babies die before their first birthday.
- 1 Child between the ages of one and nineteen dies as a result of injuries including homicide, suicide, motor vehicle-related accidents, other accidents or a medical condition.
- 3 Teenagers are committed to the Department of Youth Services for crimes against property, persons, and/or possession of drugs or weapons.
- 1 Teenage driver is cited in an accident for driving under the influence.
- 9 Teenagers get syphilis, gonorrhea or chlamydia.
- 25 Teenagers drop out of school.
- 33 Teenagers run away from home.
- 66 Children are abused or neglected.
- 43 Children see their parents divorce.
- 11,628 Children are homeless.

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THE STATE OF MASSACHUSETTS CHILDREN AND YOUTH
MAY 1994

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■ THE STATE OF MASSACHUSETTS CHILDREN AND YOUTH ■

MAY 1994

■ POPULATION

In Massachusetts, there are 1,351,385 children and youth under the age of 18, representing 22.5% of the total population. Of these

children:

- 82% are White
- 8% are Hispanic
- 6% are Black
- 3% are Asian
- 1% are of other ethnic/racial origin.

In the United States, there are 63,604,432 children and youth under the age of 18 representing 25.6% of the total population.¹

As the proportion of children in the U.S. population declines and the number and proportion of older people rise, there will be a decreasing number of workers to support each retiree. In 1950, 16 workers contributed to Social Security pensions for each retiree. By the year 2020, the number of workers supporting each retiree will decline to approximately 2.2 to 1.²

■ BIRTH RATE

In 1992 there were 87,202 infants born to Massachusetts women. Of these women:

- 77.5% (67,589) infants were born to White women
- 9.8% (8,505) infants were born to Hispanic women
- 7.7% (6,676) infants were born to Black women
- 3.8% (3,279) infants were born to Asian women
- 1.1% (969) infants were born to women of other ethnic/racial origin.

In 1992, the Massachusetts crude birth rate (births per 1000 residents) was 14.4 while the U.S. crude birth rate was 16.0.³

■ POVERTY

In Massachusetts, one in every eight (13%) children live in families with incomes below the poverty line (12,320 per year for a family of three). Of these children:

- one in every eleven (9%) White children is poor
- one in every four (24%) Asian children is poor
- one in every three (32%) Black children is poor
- one in every two (48%) Hispanic children is poor.

Twenty percent of the nation's children are poor.⁴ As a group, children are now the poorest segment of the nation's population and are nearly seven times as likely to be poor as those over sixty-five.⁵

National research has shown that children who live in poor families tend to have more deficient basic skills and fare more poorly in school; they are more prone to drop out of high school than children who reside in middle and upper-middle income families. Given the importance of basic skills and formal educational attainment for success in the labor market today, many of the children in poor and near poor families are at high risk of becoming the hard core unemployed and the poor of tomorrow.⁶

■ AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

As of January 1994, there were 200,020 Massachusetts children and youth receiving AFDC.⁷ Almost half (47%) of these children are under the age of five. In Massachusetts, 20% of all children under five live in families that receive AFDC.⁸ The average family receiving AFDC is comprised of a mother and two children. The average annual AFDC grant for a family of three living in subsidized housing is \$6,468 or \$6,948 if living in private housing. The 1994 federal poverty line for a family of three is \$12,320 per year.⁹

■ HOMELESSNESS

The Department of Education estimates that in 1993 there were approximately 11,628 homeless children and youth in Massachusetts. Among this population, 57% were children under the age of five.¹⁰

Nationally, there is more homelessness today than at any other time since the great depression.¹¹

Research indicates that homeless children have difficulty with language and motor skills, personal and social development, and often exhibit signs of severe anxiety and depression.

■ HUNGER

Nearly 200,000 Massachusetts children under the age of 12 -- one in four children -- are hungry or at risk of being hungry. (This estimate does not include homeless families or families with incomes above 185% of the federal poverty level).

Children in families that experience hunger are nine times more likely to experience unwanted weight loss; five times more likely to experience fatigue; twice as likely to suffer frequent colds; four times more likely to experience problems with concentration and four times more likely to be absent from school than children in non-hungry, low-income families.¹²

■ HOUSING

In Massachusetts, children comprise an estimated 47% (22,600) of the residents in state conventional public housing.¹³ In the rental assistance program an estimated 46% (74,200) of the participants are children. The average cost of a two-bedroom rental in Massachusetts is \$727.51 per month.¹⁴ The average cost of a house in Massachusetts is \$171,490.¹⁵

A U.S. Census study reports that almost half (48%) of all American families cannot afford to buy a median-price house in the region where they live and 91% of all current renter families cannot afford to buy a home.¹⁶

■ CHILD CARE

According to 1990 census data, 270,000 Massachusetts children under the age of six (representing almost 60% of all children in this age group) live in families where a single parent or both parents work outside of the home.¹⁷

Currently, Massachusetts licensed child care providers have the capacity to serve a total of 171,033 children, consisting of:

- 19,370 school-age child care slots
- 87,746 group day care slots
- 57,605 family day care slots
- 6,312 substitute care slots.

Between 1970 and 1990, the proportion of mothers with children under age six who were working or looking for work outside of their homes rose from 32% to 58%.¹⁸ Research indicates that by the year 2000, 70% of all preschool-age children and 80% of all school-age children will have mothers in the work force.¹⁹

Long-term studies show that quality preschool experience leads to higher levels of school completion and lower levels of delinquency, criminal behavior, teen pregnancy and welfare dependency.²⁰

■ EDUCATION

■ STUDENT ENROLLMENT

In the 1992/93 school year, there were 967,023 students enrolled in Massachusetts public and non-public schools (kindergarten through grade 12). Of the total student population, approximately 86% were enrolled in public schools and 14% were enrolled in private school.²¹

■ DROP OUT RATE

It is estimated that 15% of the students who entered ninth grade in 1991 may drop out before graduation. In the City of Boston, 33% of the students who entered ninth grade in 1991 in Boston's public schools, including 41.5% of all Hispanic students, may drop out before graduation.²²

Almost 30% of ninth graders in the United States do not graduate from high school. Each year's class of drop outs costs the nation approximately a quarter of a million dollars in lost wages and foregone taxes over their lifetimes. More than half of the new jobs created by the year 2000 will require some education beyond high school, and nearly one-third will require four or more years of college.²³

In Massachusetts, nearly 60% of prison inmates are drop outs.²⁴

■ BILINGUAL EDUCATION

In the 1992/93 school year, there were 100,922 students enrolled in the state's public schools whose first language was not English, representing 11.7% of the total public school population in Massachusetts. Among this population, approximately 38% (38,157 students) were enrolled in Transitional Bilingual Education programs. In Massachusetts, the proportion of ethnic, racial and linguistic minority students has doubled over the past decade.²⁵

■ SPECIAL EDUCATION

In the 1992/93 school year, there were 147,727 special needs students in Massachusetts, representing 17% of the school-age population. Of these students with special needs, 58.7% have learning disabilities, 17.8% are students with speech/language impairments, 9.6% are students with mental retardation, and 8.1% are students with severe emotional disturbances.

Research shows that special education programs are considered effective in developing basic skills in language arts, mathematics and comprehension in addition to enhancing projected lifetime earnings.²⁶

■ DEVELOPMENTAL DISABILITIES

The Massachusetts Department of Public Health estimates that approximately 41,000 children and youth are developmentally disabled.

Developmental disabilities are generally defined as severe, chronic mental and/or physical impairments (i.e. mental retardation, autism, cerebral palsy) that occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.²⁷

Early intervention in the lives of infants and toddlers with developmental delays (and those at risk of developmental delay) substantially enhances development, provides essential support to the family and minimizes future public-sector social costs.

Studies indicate that states may recover, through savings in the costs of special education and institutionalization, between \$3 and \$7 for each \$1 invested in early intervention services.²⁸

■ HEALTH - HEALTH INSURANCE

In Massachusetts, 20% (92,000) of the uninsured population are children under the age of 18.

Nationally, 14.8% (9.8 million) children under the age of 18 have no form of health insurance coverage.²⁹ One in every three children in the U.S. depends on Medicaid or charity for health care.³⁰

Approximately two-thirds of uninsured children have at least one parent who works full-time. Only 20% of uninsured children live in families where neither parent is in the work force.³¹

On average, it costs \$600 a day to hospitalize a child for an illness that could have been diagnosed and treated without hospitalization if the child had been given yearly routine preventive checkups. For every \$1 invested in preventive health care, there is an approximate savings of \$3 in consequential costs.³²

■ PRENATAL CARE

In 1992, 82.9% of the Massachusetts women who gave birth received adequate prenatal care. Of these women:

- 86.6% of White mothers received adequate prenatal care
- 73.0% of Asian mothers received adequate prenatal care
- 71.7% of Hispanic mothers received adequate prenatal care
- 66.7% of Black mothers received adequate prenatal care.

Adequacy of prenatal care increases with the age of the mother. Among women 18 years or younger at delivery, 61.2% received adequate prenatal care in 1992. Among women 35 years of age or older, 88.2% received adequate prenatal care in 1992.³³

Nationally, one in four infants is born to a woman who does not receive early prenatal care.

A study by the U.S. Department of Agriculture shows that every \$1 invested in prenatal care returns more than \$3 in averted costs of caring for high risk infants. Women who do not receive routine care are approximately three times as likely to deliver low birthweight infants.³⁴

■ LOW BIRTHWEIGHT

In 1992, there were 5,137 low-birthweight (less than 5.5 pounds) babies born to Massachusetts women, accounting for 5.9% of total births in the state. In 1992:

- 5.0% of White mothers gave birth to low birthweight infants
- 6.4% of Asian mothers gave birth to low-birthweight infants
- 7.3% of Hispanic mothers gave birth to low-birthweight infants
- 12.1% of Black mothers gave birth to low-birthweight infants.³⁵

An infant's chance of survival is closely associated with its birthweight. A low birthweight baby is 40 times more likely to die in the first 28 days of life and five times more likely to die from 28 days to one year than is an infant born at normal weight.³⁶ Low-birthweight babies are at substantially greater risk of chronic illnesses and disabilities, including cerebral palsy, retardation, autism, and vision and learning disabilities.³⁷

Each time a low-birthweight delivery is prevented in Massachusetts, \$20,000 - \$50,000 per baby is saved in hospitalization and long-term care costs.³⁸ On average, each time a very-low birthweight delivery is prevented, approximately \$150,000 or more is saved in neonatal intensive care unit costs.³⁹

■INFANT MORTALITY

In 1992, the infant mortality rate (the number of infants that die before age one for every 1000 live births in one year) was 6.5, representing a total of 569 infant deaths. This rate is the lowest rate recorded to date in the Commonwealth's history and is 27% lower than the overall U.S. rate. In 1992:

- 5.5 = White infant mortality rate
- 4.9 = Asian infant mortality rate (11% lower than the White infant mortality rate)
- 7.9 = Hispanic infant mortality rate (44% higher than the White infant mortality rate)
- 16.4 = Black infant mortality rate (198% higher than the White infant mortality rate).

From 1980 through 1992, the overall infant mortality rate in Massachusetts declined by 37%. During this time period, the infant mortality rate for infants born to white women decreased by 42% and the infant mortality rate for infants born to black women decreased by 15%.⁴⁰

A black child born in the city of Boston (infant mortality rate = 19.2) has less chance of surviving the first year of life than a child born in Cuba, Sri Lanka or Malaysia. A black child born in Springfield (infant mortality rate = 14.7) has less chance of surviving the first year of life than a child born in Cuba, Kuwait or Hungary.⁴¹

■CHILDHOOD DEATHS

Injuries are the leading cause of death and disability among children. In 1992, 394 Massachusetts children ages one to 19 died. More than half (54%) of these deaths were the result of injuries, including 46 homicides, 26 suicides, 79 motor vehicle-related injuries, and 62 of the deaths were a result of other causes (including drowning, fires, suffocation, poisoning, and falls). Of these injury-related deaths, 73% (155) were to males and 27% (58) were to females. The remaining 46% (181) of these child deaths were the result of medical conditions such as cancer, birth defects, and other chronic disorders of the heart, lung, kidneys and nervous system.⁴²

In Massachusetts, approximately one child per day dies due to a preventable injury and approximately one in five children required hospital treatment for an injury each year.⁴³

■ LEAD POISONING

In FY93, 65% (286,094) of the children between the ages of six months and six years were screened for lead poisoning with an overall incidence rate of 3.1 children per 1000. Lead screening in the 10 highest-risk communities (Boston, Brockton, Haverhill, Holyoke, Lawrence, Lowell, New Bedford, Springfield, Waltham and Worcester) found a rate of 7.4 children per 1000 and all other communities found a rate of 1.4 children per 1000.

A high concentration of lead in the body can cause serious damage to the brain, kidneys, nervous system, and red blood cells. High levels can cause retardation, convulsions, coma, and sometimes death. Low levels can slow a child's normal development and cause learning and behavioral problems.⁴⁴

■ CHILDHOOD CANCER

From 1982 through 1990, 2,278 newly diagnosed cases of cancer occurred in Massachusetts children, for a rate of 18.1 cases per 100,000 children. Of these newly diagnosed cases of cancer in children, the leading types of cancer are:

- 23% leukemia
- 16.5% cancers of the brain and nervous system
- 11.4% hodgkins
- 6.1% bone cancer.⁴⁵

■ CHILDHOOD DISEASES

In 1993, the Department of Public Health recorded:

- 346 cases of pertussis
- 18 cases of measles
- 8 cases of rubella
- 2 cases of tetanus
- 1 case of mumps
- 0 cases of polio.

These low rates of communicable childhood diseases are due to the Commonwealth's policy of universal childhood immunization. The Department of Public Health reports that in the 1993/94 school year, 70.8% of children entering kindergarten were up to date on their full series of immunizations.

For each \$1 spent on immunization programs, at least \$10 in health care costs are saved.⁴⁶

■ ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

As of December 1993, there were 339 known HIV (Human Immuno-deficiency Virus) infected children in the state, 148 of whom have developed AIDS and 90 of whom have died. The number of children who are HIV infected but have yet to develop any symptoms indicating AIDS is unknown.⁴⁷

In Massachusetts, approximately 220 infants per year are born who are at increased risk of being infected with HIV. Although there is some concentration of these births in inner-city Boston, approximately 70% of these births occur outside of the inner-city, with all areas of the state being represented.⁴⁸

The Department of Public Health estimates that between 1981 and December of 1993, there were approximately 1700 live births to women who were infected with HIV.⁴⁹ These infants are at increased risk of being infected with HIV and subsequently developing AIDS.⁵⁰

The National Commission on Children reports that at current rates, the number of children with AIDS will reach 13,000 by the year 2000. The risk of HIV infection and AIDS is also growing among adolescents.⁵¹

■ SEXUALLY TRANSMITTED DISEASES (STD's)

In 1993, there were a total of 3,447 reported cases of sexually transmitted diseases to Massachusetts children and youth (ages 10-19). Of these cases:

- 2,756 were of chlamydia
- 651 were of gonorrhea
- 40 were of syphilis.

From 1987 to 1990, the incidence of STD's in Massachusetts adolescents increased at a steady rate of 10% per year. 1991 represents the first year since 1987 that there was a decrease in the number of cases of STD's in this population, decreasing 6.1% from 4,900 cases in 1990 to 4,602 cases in 1991. In 1992 and 1993, rates of STD's in adolescents continued to decline overall, although rates rose in some urban communities. Rates of gonorrhea and chlamydia in adolescents are higher than the respective rates in the entire population.⁵²

According to the Centers for Disease Control and Prevention, an estimated 12 million persons acquire a sexually transmitted infection each year in the United States and two thirds of these infections occur in persons under 25 years of age.⁵³

■ TEEN PREGNANCY

In 1992, there were 6,676 infants born to women under the age of 20 in Massachusetts. From 1980 to 1990, the birth rate among Massachusetts teenage women (aged 15 to 19) increased 13.2%, but decreased 5% from 1991 to 1992.

The United States has the highest teenage birth rate among all industrialized nations.⁵⁴

Teen mothers are twice as likely to be poor as non-teen mothers, and children of unmarried teenage mothers are four times as likely to be poor and remain poor for a longer period of time than children in other families.

A teen parent earns half the lifetime earnings of a woman who waits until age 20 to have her first child.⁵⁵ Almost 60% of families who receive AFDC are headed by women who were teenagers when they had their first child.⁵⁶

■ SMOKING

Tobacco is the single most important preventable cause of death in the United States, accounting for one of every six deaths. Smoking is a major risk factor for heart disease; chronic bronchitis; emphysema; and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder.

If as little as one quarter of the 70 million children now living in the United States smoke cigarettes as adults, then at least five million of them will die of smoking-related diseases.^{57,58} Over one million teenagers begin smoking each year.⁵⁹

A survey of approximately 2,000 Massachusetts students outside of Boston showed that over one quarter (27%) of all students reported that they had smoked cigarettes regularly at some point in their lives (regular smoking is defined as smoking at least one cigarette a day for 30 days or more). The percentage of students who have ever smoked regularly increases with grade level and increases more rapidly for adolescent women than for men. Of all students responding to the survey, 7% reported smoking regularly before age 13.⁶⁰

Thirty percent of all cancer deaths are attributable to tobacco.⁶¹ Nationally, the illnesses attributable to smoking cost individuals and society more than \$65 billion a year.⁶²

■ SUBSTANCE ABUSE/CHEMICAL DEPENDENCY

In FY 93, 4,166 Massachusetts children and youth were admitted to publicly-funded substance abuse programs. The average age of the young people in these programs was 14. Most of these children (91.4%) are enrolled in school with the eighth grade being the highest grade completed. Of all children admitted to the substance abuse programs: 56.6% were male and 43.4% were female. Of these children:

- 64.8% were White
- 17.6% were of other race and ethnicity
- 16.4% were Hispanic
- 15.3% were Black
- 6.3% were Portuguese
- 2.1% were Native American⁶³

According to a study conducted by the Executive Office of Human Services, the Department of Public Health, the Department of Education and the Governor's Alliance Against Drugs, 47.9% of Massachusetts high school students (grades 9 - 12) reported using illicit drugs at least once in their lifetime, representing a 20% reduction in the use of illicit drugs from 1984 - 1990. In addition, 20.4% of high school students reported using illicit drugs in the month prior to the survey, representing a decline of 35% from 1984 - 1990.⁶⁴

Alcohol is the drug that Massachusetts adolescents are most likely to use and consumption increases dramatically with age level. Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, and academic and job problems.⁶⁵

In the United States, approximately 100,000 deaths per year are attributable to misuse of alcohol.⁶⁶ Among Massachusetts public high school students (grades 9 - 12) outside the city of Boston, 82% had used alcohol on at least one occasion in their lives. The lifetime prevalence of alcohol-use by Massachusetts adolescents is higher than the national average.⁶⁷

Nationally, the total cost of alcohol and drug abuse to individuals and society exceeds \$110 billion each year.⁶⁸

■ VIOLENCE

Homicide is the second leading cause of death among all adolescents and young adults and is the leading cause of death among black youth in the United States.⁶⁹ Fighting is the most important antecedent behavior for a large proportion of homicides among adolescents.⁷⁰

Of approximately 2,000 students surveyed in Massachusetts, two fifths (40%) reported being in a physical fight one or more times in the last 12 months. Almost a third (30%) of these students are adolescent women and nearly half (49%) are adolescent men. Of these students:

- 41% reported having fought with a friend or acquaintance
- 23% fought with a family member
- 13% fought with a total stranger
- 5% fought with a boyfriend, girlfriend, or date.⁷¹

■ WEAPONS

In a 1992 survey of approximately 2,000 Massachusetts teens attending schools outside of Boston, nearly one quarter (22%) reported carrying a weapon in the last 30 days. Among adolescent men surveyed, 4.6% reported carrying a gun in the last 30 days. These data show that nearly one in 20 high school-aged men outside of Massachusetts' two largest cities (Boston and Worcester), reported carrying a gun in the last month. Lethal weapon carrying among adolescents is not confined to large urban areas alone.⁷²

Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife or club. Firearm-related suicides account for 60% of adolescent and young adult suicides.⁷³

■ MENTAL HEALTH

According to estimates from the National Institute of Mental Health, 11.8% of U.S. children and adolescents are likely to exhibit current or future mental illness or emotional disturbance. This puts 159,463 Massachusetts residents age 18 and under at risk.⁷⁴

Poverty, parental psychopathology (e.g. schizophrenia or alcoholism), maltreatment, a teenage parent, premature births, parental divorce, serious childhood illness and trauma caused by experiencing or witnessing violence place children at risk for serious mental illness.⁷⁵ Currently, more is known about how to prevent and treat children's mental health problems than is reflected in the care available.⁷⁶

■CHILD ABUSE

In 1993, the Department of Social Services (DSS) substantiated that 24,170 children were abused and neglected. From 1983 to 1993, child abuse and neglect in Massachusetts increased by 93%. In 1993, there was a 2% decrease from the previous year in the number of substantiated cases of child abuse and neglect while reported cases continued to rise for a total of 93,752 reported children in 1993.⁷⁷

The number of children abused and neglected in 1993 could fill a stadium the approximate size of Fenway Park.

Recent research suggests that many abused and neglected children become society's most disabled, dysfunctional and dependent individuals.

Increasingly, child maltreatment appears to be a common denominator in our most serious social problems -- from delinquency and runaway behavior of adolescents to violent and sexual crimes of adults.⁷⁸

■FOSTER CARE

As of December 1993, the Department of Social Services (DSS) reported 10,253 children in foster care, representing a 2% decrease over the previous year.

DSS reported an additional 1,681 children in community residences, which is a 3% decrease from the previous year.

In FY93, DSS reported that the median length of stay for a child in foster care in Massachusetts was 1.8 years.⁷⁹

Studies show that the longer a child has been in foster care placement, the greater the likelihood that s/he will continue in placement.⁸⁰

■ JUVENILE DELINQUENCY

In 1993, there were 919 youth sentenced by the courts to the Department of Youth Services (DYS) for treatment, representing a 4.6% increase in commitments since 1985. Of these youth:

- 38.4% were committed for property offenses
- 34.7% for crimes against a person
- 8.3% for drug-related offenses
- 4.4% for motor vehicle offenses
- 5.0% for weapons offenses.

In 1993, there were 3,446 bail admissions (a non-committed youth placed in detention or a committed youth awaiting court action on an outstanding charge). Since 1985, total bail admissions have increased 48% from 2,328 to 3,446, constituting a 120% increase in bail admissions for person offenses, a 460% increase in weapons offenses and a 194% increase in drug distribution and possession charges.⁸¹

Studies on the root causes of crime and delinquency show that crime, school failure, teenage pregnancy, child neglect and drug abuse are inter-related and reinforce one another. The damage begun in childhood manifests itself in severe negative behavior in adolescence and young adulthood.⁸²

■ YOUTH EMPLOYMENT

The Massachusetts annual youth unemployment rate (for ages 16 through 19) rose from 9.7% in 1988 to 19.0% in 1993. During the school year, approximately two-fifths of the nation's 16 and 17 year-old high school students are working or looking for work; this proportion increases to more than one-half during the summer.⁸³

According to the National Commission on Children, many employers report that a substantial number of young people lack the basic skills, habits, and attitudes necessary for employment.⁸⁴ A recent assessment of 21 to 25 year-olds by the U.S. Department of Education found that only 38% could calculate the change they were owed from a two-item restaurant meal, only 37% could find information in lengthy news articles and only 20% could use bus schedules.⁸⁵

Every \$1 invested in job training for youth has been shown to generate \$1.46 in increased employment, earnings, school completion and reduced crime and welfare costs.⁸⁶

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